



DILG REGION V

## MANAGEMENT REVIEW MINUTES

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**Date of Management Review \*:** December 16, 2020

**Venue:** Hotel St. Ellis, Legazpi City

**Present \*\*:** Committee Head:

- Atty. Anthony C. Nuyda, CESO III, Regional Director

Committee Members:

- Atty. Arnaldo E. Escobar, Jr., CESO V, Asst. Regional Director/ Presiding Officer
- Arnel Renato L. Madrideo, Provincial Director – DILG Albay
- Ray B. Caceres, Provincial Director – DILG Camarines Norte
- Melody E. Relucio, Provincial Director – DILG Camarines Sur
- Uldarico S. Razal, Provincial Director – DILG Catanduanes
- Julius Rodel L. Cal-Ortiz, Provincial Director – DILG Sorsogon
- Ben Paul M. Naz, OIC-Provincial Director – DILG Albay
- Alfredo L. Sallan, FAD Chief
- Olivio D. Ramirez, LGMED Chief
- Susan Emce B. Santiago, LGCDD OIC-Chief

*Note:*

*\* After the presentation of the consolidated Audit Report by the RIQA on 16 December 2020, the Management Review Committee moved for the suspension of the Management Review and directed the RIQA to revalidate some findings, make necessary amendments in their report, and present comprehensive findings and recommendation/s on 28 December 2020. Due to some technical problems, the Management Review was able to resume on 29 December 2020.*

*\*\* Other participants present during the Management Review are listed in the attached Attendance Sheet*

Item	Agenda Item	Issues / Highlights of Discussion / Management Action and Decisions	Action Plan (What, Who, When to Do)
1	Status of actions from previous management reviews	<ul style="list-style-type: none"> <li>- Revisions of the System Procedures and Quality Manual, in compliance with the findings of the external auditor, were approved in December 2019, and took effect on 01 January 2020</li> <li>- The Quality Procedures were reviewed; some of which were converted into Policies; DCRs were prepared and approved</li> <li>- Revised and deleted documents were retrieved and stamped "Obsolete Copy"</li> </ul>	<ul style="list-style-type: none"> <li>- QMS Secretariat</li> <li>- Process Owners</li> <li>- Document Controllers</li> </ul>
2	Changes in external and internal issues that are relevant to the quality management system	<ul style="list-style-type: none"> <li>- The COVID-19 occurrence has brought significant changes on how DILG services/processes were carried out; personal interactions were minimized; communications through telephone and internet were resorted to</li> <li>- Re-assignments and promotions resulted change in personnel</li> </ul>	<ul style="list-style-type: none"> <li>- Process Owners are to review their QPs and consider the effect of the COVID-19</li> <li>- Reconstitution of the QMS Team by the Top</li> </ul>



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		handling the programs/process	Management
3	Trends in customer satisfaction and feedback from relevant interested parties	<ul style="list-style-type: none"> <li>- Face-to-face interactions were not allowed during the time when Bicol Region was placed under Enhanced Community Quarantine (ECQ). It remains to be limited at present, in observance of the minimum health and safety protocols. The public requests for our services mostly through telephone call, written letters, e-mails, or private messages via social media. Thus, the Customer Satisfaction Survey forms for our walk-in clients were few.</li> </ul>	-
4	The extent to which quality objectives have been met	<ul style="list-style-type: none"> <li>- The QMS Secretariat communicated to the process owners on the submission of the PML, PSL, and QME forms</li> <li>- Quality Objectives per process was available, however, not all processes were able to submit the monitoring forms</li> </ul>	<ul style="list-style-type: none"> <li>- The QMS Secretariat members per Division shall remind the concerned offices on the timely submission of PML, PSL and QME</li> </ul>
5	Process performance and conformity of products and services	<ul style="list-style-type: none"> <li>- Processes, as well as its Quality Objectives, will be reviewed regularly to ascertain that it conforms with the ISO standards</li> </ul>	<ul style="list-style-type: none"> <li>- Continuing receipt of monitoring reports for consolidation and analysis of process performance results by the QMS Secretariat</li> </ul>
6	Nonconformities and corrective actions	<p><b>NC 01, Stage 1</b>  <b>Control of Non-Conforming Output</b>            The Control of Nonconforming Output Procedure did not consider other nonconformity like <b>customer complaints</b>. According to <b>Clause 10.2.1</b> When a nonconformity occurs, including any arising from <b>complaints</b>, the organization shall review and analyze the nonconformity and take action to control and correct it; evaluate the need for action to eliminate the cause(s) of the nonconformity; and implement any action needed.</p> <p><b>NC 02, Stage 1</b>  <b>Control of Documented Information</b>            The procedure on Control of Maintained Internal Documented Information (SP-R05-01A) states that Creation of Internal Document requires DCR form, but based on the existing controlled process procedures, there is DCR created. During interview with the DC, Step 1-5 of SP-R05-01A is only applicable to Document subject for Revision.</p>	<p>Edited 'The Control of Nonconforming Output Procedure' (Step No.1 - Details: <i>Customer Complaints/Feedbacks</i>) was added.</p> <p>(DCR dated Dec. 26, 2019)</p> <p>The Process/Activity for Control of Maintained Internal Documented Information (Step No. 1 on SP-R05-01A) is changed to 'Identify the need for document revision/deletion and creation of additional document.'</p> <p>(DCR dated Dec. 26, 2019)</p>



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		<p><b>NC 03, Stage 1</b>  <b>Internal Audit</b>  The Internal Audit Plan dated October 2, 2019 did not cover other area like Top Management, Document Controller, Internal Audit, Customer Complaint/Satisfaction, &amp; Design and Development.</p> <p>According to Clause 9.2.1 The organization shall conduct internal audits at planned intervals to provide information on whether the quality management system:</p> <p>a) conforms to:</p> <ol style="list-style-type: none"> <li>1) the organization's own requirements for its quality management system;</li> <li>2) the requirements of this International Standard;</li> </ol> <p>b) is effectively implemented and maintained.</p> <p><b>NC 04, Stage 1</b>  <b>Internal Audit Procedure</b>  There was no evidence that the Audit findings during October 23, 2019 IQA were reported to Top Management for decision making. According to Clause 9.2.2 (c), the organization shall ensure that the results of the audits are reported to relevant management.</p> <p><b>NC 05, Stage 1</b>  <b>Corrective Action Report</b>  There was no evidence that CAR were raised even during the conduct of Internal Quality Audit for proper corrective actions on nonconformities found during the IQA.</p> <p>According to SP-R05-05 Non-Conformity and Corrective Action Procedure Step 1 page 1 of 4, Identified nonconformity coming from Internal Audit Findings should be issued CAR. Further, the issued CAR shall be taken appropriate correction and corrective action undue delay.</p> <p><b>NC 06, Stage 1</b>  <b>Preventive Maintenance</b>  Maintenance of Vehicles (QP-R05-FAD-33) Procedure and Management of Facilities (QP-R05-FAD-41) Procedure are available, but the procedure appears that the process step is not preventive but rather</p>	<p>RIQA revised Audit Plan and Checklist and applicable clauses dated 12/26/2019</p> <p>Minutes of the Meeting dated November 22, 2019. (RIQA)</p> <p><i>was</i>  The CAR<sup>was</sup> issued but were not presented during the external audit, were emailed on December 26, 2019</p> <p>QP Owner revised procedure including 'Additional step on Preventive Maintenance' on both QPs on the Maintenance of Vehicles (QP-R05-FAD-33) and Procedure and</p>



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		<p>reactive because the process starts from requisition (from the requesting personnel) and not an initiative and standard operating procedure of Maintenance.</p> <p>According to <b>7.1.3 Infrastructure</b> – The organization shall determine, provide and <b>maintain</b> the infrastructure necessary for the operation of its processes and to achieve conformity of products and services.</p> <p>NOTE: Infrastructure can include:  a) buildings and associated utilities;  b) equipment, including hardware and software;  c) transportation resources;  d) information and communication technology.</p> <p><b>NC 07, Stage 1</b>  The organization may consider checking page 3 of 4 of its Quality Manual on Verification of Action Plan Implementation and Effectiveness stating "to be verified in the <b>next audit</b>". According to Clause 9.2.2, on Audit findings, appropriate correction and corrective actions shall be taken without undue delay.</p> <p><b>NC 08, Stage 1</b>  <b>Design and Development</b>  The Quality Manual QM-RO5-01 includes 8.3 Design and Development of Policy, Training and Monitoring, but based on actual, the Provincial Office are just executing the Design and Development of Policy, Training and Monitoring coming from the Central office.</p> <p><b>NC 01, Stage 2</b>  <b>Control of Documented Information</b>  Auditee: Eden Lanuza  Position: Document Controller</p> <p>At the time of Audit, when asked to present on how External Documents are being controlled, a sample was presented: Records # C01857, dated October 30, 2019 03:16pm has tampered date, and with Reference Control No. written on top right portion of the form, but has no data.</p> <p>According to <b>7.5.3.1 Documented information</b> required by the quality</p>	<p>Management of Facilities (QP-RO5-FAD-41) on December 27, 2019</p> <p>QPs were merged in February 2020</p> <p>DILG-ROV QM-09 – Performance Evaluation was changed on the Verification of Action Plan Implementation and Effectiveness <i>within ten (10) working days</i> (Page 3 of 4 - SP-RO5-05)</p> <p>DILG-ROV QM-08 – Operation on Clause 8.3.1 for Design and Development has been revised to reflect the actual implementation in the provincial offices.</p> <p>Regional Memoranda were issued on December 26, 2019 (re: Use of Liquid Erasers and Correction Tapes; and, re: Use of New Routing Slip Form)</p>



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		<p>management system and by this International Standard shall be controlled to ensure:</p> <p>b) it is adequately protected (e.g. from loss of confidentiality, improper use, or <b>loss of integrity</b>).</p> <p>7.5.3.2 For the control of documented information, the organization shall address the following activities, as applicable:</p> <p>c) control of changes (e.g. version control);</p> <p>d) retention and disposition.</p> <p>Documented information of <b>external origin</b> determined by the organization to be necessary for the planning and operation of the quality management system shall be identified as appropriate, and be controlled.</p> <p>Documented information retained as evidence of conformity shall be protected from <b>unintended alterations</b>.</p> <p><b>NC 02, Stage 2</b>  <b>Awareness and Competency</b>            There's lack of awareness for all employees regarding the basic requirements of ISO 9001:2015 based on assessment.</p> <p><b>NC 03, Stage 2</b>  <b>Control of Documented Information</b>            Auditee: Eden Lanuza            Position : ITO 1            The Information and Communication Technology Plan is being used as guide by IT but is not following the Control of Maintained Documented Information established by the organization.</p> <p>7.5 Documented information</p> <p>7.5.1 General</p> <p>The organization's quality management system shall include:</p> <p>a) documented information required by this International Standard;</p> <p>b) documented information determined by the organization as</p>	<p>The following seminars were conducted this year:</p> <ul style="list-style-type: none"> <li>➤ 3-day QMS Orientation and Awareness on ISO 9001:2015 on Jan. 15-17;</li> <li>➤ Refresher Course for the RIQA and Risk Review Committee on Dec. 17</li> </ul> <p>Information and Communication Technology Plan submitted on December 26, 2019 by ITO was controlled.</p>



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		<p>being necessary for the effectiveness of the quality management system.</p> <p><b>NC 04, Stage 2</b></p> <p>There is also no documented procedure for the Preventive Maintenance of IT.</p> <p>According to <b>7.1.3 Infrastructure</b> – The organization shall determine, provide and <b>maintain</b> the infrastructure necessary for the operation of its processes and to achieve conformity of products and services.</p> <p>NOTE: Infrastructure can include:  a) buildings and associated utilities;  b) equipment, including hardware and software;  c) transportation resources;  d) information and communication technology.</p> <p><b>NC 05, Stage 2</b></p> <p><b>Provincial Office Camarines Sur Control of Documented Information</b></p> <p>Data on some records or retained documented information in the province of Camarines Sur were altered/corrected using liquid eraser, controlled copy of some documents has no signature of QMR and PD.</p> <p>According to Clause 7.5.3.2 on control of documented information, the documented information retained as evidence of conformity shall be protected from unintended alterations.</p> <p><b>NC 06, Stage 2</b></p> <p><b>9.1 Monitoring, Measurement, Analysis And Evaluation</b></p> <p><b>Provincial Office Camarines Sur</b></p> <p>There is no analysis of data on Learning and Development, According Clause 9.1, the organization shall determine what needs to be monitored and measured and shall evaluate the performance and the effectiveness of the quality management system</p>	<p>Preventive Maintenance Plan for Management of Facilities and procedure for the Preventive Maintenance of IT has been revised. Revised Plan submitted on December 26, 2019.</p> <p>Regional Memorandare: <i>"Use of Liquid Erasers and Correction Tapes"</i> and re: <i>"Ensure that all documents should be signed before release"</i> were issued on December 26, 2019</p> <p>Process Owner was required to explain in writing. She clarified that the analysis of Learning and Development data is being done at the Regional Level using the tool. The clarification letter was submitted on December 26, 2019</p>
7	Monitoring and measurement results	<p>- QMEs for most QPs were not prepared and submitted by the Process Owners. They were given until Dec. 28, 2020 to submit the same.</p>	<p>- The QMS Secretariat per Division shall ensure timely submission <del>will be carried out</del> in 2021. <i>by QMEs</i></p>



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8	Audit results	<p><b>- Non-Conformities</b></p> <ul style="list-style-type: none"> <li>• QP-RO5-ORD-10 (Monitoring of LFPs) – the QME was not updated</li> <li>• QP-RO5-ORD-11 (Provision of PCF Subsidy to Beneficiary LGUs) – the degree of customer's satisfaction was yet to be evaluated for 11 LGUs</li> <li>• Maintenance of Infrastructure (Albay P.O.) – the following needs were identified: (1) bigger work place for bigger workforce; (2) janitorial services to maintain the cleanliness of the office; and, (3) faster internet connection</li> <li>• QP-RO5-LGMED-14 Processing of CSC-SME (Cam. Norte P.O.) – no logsheets provided</li> <li>• QP-RO5-LGMED-17 Issuance of Certificate of Incumbency to Barangay Officials – incorrect logsheet code</li> </ul> <p><b>- Opportunities for Improvement</b></p> <ul style="list-style-type: none"> <li>• QP-RO5-LGCDD-20 (Review and Endorsement of GAD Plan) – frequency of monitoring was not observed in the QME</li> <li>• QP-RO5-FAD-38 (Procurement Process) – provide copy of the QP to the BAC Unit for their reference and conduct orientation to the BAC Unit on the process as stated in the enrolled QP</li> <li>• QP-RO5-FAD-33 (Preventive and Corrective Maintenance and Management of Facilities) – orientation to all employees in order to create awareness</li> <li>• Maintenance of Document Information (Albay P.O.) – Data file box located at the ISO Corner has control number but none of the Quality procedure for easy access of the document</li> <li>• Customer communication (Albay P.O.) – issuance of payslip is being performed only when requested by customer. Clause 8.2.1 suggest</li> <li>• All Provincial Offices – errors and not updated logsheets and QMEs</li> <li>• All Provincial Offices – insufficient cabinets for filing and records management</li> </ul>	<ul style="list-style-type: none"> <li>- PDMU updated the QME for QP-RO5-ORD-10 and the CSS forms for QP-RO5-ORD-11. All documents are to be submitted on Jan. 4, 2021</li> <li>- Expedite the transfer to the new building located in <u>Rawis, Legazpi City</u></li> <li>- Consider availment of janitorial services</li> <li>- Logsheets to be submitted on Jan. 4, 2021</li> <li>- Logsheets to be corrected and submitted on Jan. 4, 2021</li> <li>- QME was updated and will be monitored in 2021</li> <li>- <del>Duly noted by the Process Owner</del> <i>will comply</i></li> <li>- A memorandum will be issued regarding this newly merged process</li> <li>- Issue memorandum on the revision of the Label of the Data file box to include the Data Procedure printed on the box</li> <li>- Issue memorandum addressed to concerned personnel to provide Payslip to employees every after payment of salaries</li> <li>- Make necessary corrections and update the QME and logsheets</li> <li>- Allocation of funds for provision of additional file cabinet with locks to ensure adequate protection of files</li> </ul>



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9	Performance of external providers	<ul style="list-style-type: none"> <li>- This is one of the QPs being monitored. Evaluation forms distributed to assess the performance of the external providers were found to have incomplete data.</li> </ul>	<ul style="list-style-type: none"> <li>- The Process Owner gave her assurance that she will review all the documents and will have them complete by Dec. 28, 2020</li> </ul>
10	Adequacy of resources	<ul style="list-style-type: none"> <li>- QMS Fund amounting to P700,000.00 was downloaded to DILG-R5 in February 2020 per Sub-Allotment No. SR2020-02-0341</li> <li>- At the end of the 1<sup>st</sup> Semester, the balance of the QMS fund was P13,356.43</li> <li>- Additional fund was requested for the IQA, Management Review, and Surveillance Audit</li> <li>- In September 2020, the request was approved and P310,000.00 was downloaded to DILG R5 per Sub-Allotment No. SR2020-09-1836</li> <li>- As of Nov. 30, 2020, QMS Fund has a balance of P315,356.43. During the month of December, the IQA, Refresher Course and the Management Review were conducted, incurring a total of P97,500.00 training expenses and PP4,410.00 supplies expenses.</li> <li>- Thus, the QMS Fund will have an adjusted balance (after recognizing those expenses that are to be obligated) of P213,446.43.</li> </ul>	<ul style="list-style-type: none"> <li>- The QMS Secretariat monitors and submits quarterly Fund Monitoring Report to the Central Office thru the FMS.</li> <li>- To address the clamor of the field personnel regarding the familiarization of the QMS, the remaining QMS funds were downloaded to the Provincial Offices to support the conduct of seminar for Provincial QMS Members on the updates in the QMS Processes</li> </ul>
11	Effectiveness of actions taken to address risks and opportunities	<ul style="list-style-type: none"> <li>- The Risk Review Team reviewed, updated and presented to the Risk Review Committee (composed of the Top Management, Regional QMR, and Deputy QMRs) the Organizational Risk Register.</li> </ul>	<p>The Risk Review Team prepared the DILG RO-5 Organizational Risk Register. It was reviewed and updated. In September 2020, the Team submitted the Compliance Report on the adoption of the "R.I.S.K. C.O.N.T.R.O.L." Approach, which was developed and adopted as the standard framework of actions in addressing and managing the risks brought about by the COVID19 pandemic to our internal organization.</p>
12	Opportunities for improvement	<p><b>OFI 01, Stage 1 Management Review</b></p> <p>The organization may <del>(consider to)</del> consider the result of their process and target performance meeting like</p>	<p>SPMS/OPCR were monitored and regularly presented during MANCOM or EXECOM</p>



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		<p>OPCR as part of management review.</p> <p><b>OFl 02, Stage 1</b>  <b>Internal Audit Checklist</b>  The Internal Auditors may consider to customize the Audit Checklist based on Documented Information that they would review prior the Audit.</p> <p><b>OFl 03, Stage 1</b>  <b>Competency of Internal Auditors</b>  The organization may consider to enhance the competencies of Internal Auditors through Trainings and coaching to effectively implement their role as QMS Internal Quality Auditors. Evaluation of performance of Auditors could also be considered as an opportunity for improvement to measure their competency on Auditing.</p> <p><b>OFl 04, Stage 1</b>  <b>Risk Assessment</b>  There's Risk Register (Process Risk Assessment) per process with corresponding control number per Risk Document which <b>may not have an impact to the effectiveness of the organization's QMS.</b></p> <p>The organization may consider to consolidate repeatable Risk per process and come up with Risk Assessment based on the requirements of Clause 6.1.1.</p> <p>6.1.1 When planning for the quality management system, the organization shall consider the issues referred to in 4.1 (Internal and External Issues) and the requirements referred to in 4.2 (Interested Parties) and determine the risks and opportunities that need to be addressed to:</p> <p>a) give assurance that the quality management system can achieve its intended result(s);  b) enhance desirable effects;  c) prevent, or reduce, undesired effects;  d) achieve improvement.</p> <p><b>OFl 01, Stage 2</b>  <b>Scope</b>  The organization may consider to revisit its Non-Applicable requirements of ISO 9001:2015 Clause 7.1.5.2 Measurement</p>	<p>Revised IQA Checklist was submitted on December 26, 2020</p> <p>The following seminars were conducted this year:</p> <ul style="list-style-type: none"> <li>➤ 3-day QMS Orientation and Awareness on ISO 9001:2015 on Jan. 15-17;</li> <li>➤ Refresher Course for the RIQA and Risk Review Committee on Dec. 17</li> </ul> <p>The Risk Review Team prepared the DILG RO-5 Organizational Risk Register. It was reviewed and updated. In September 2020, the Team submitted the Compliance Report on the adoption of the "R.I.S.K. C.O.N.T.R.O.L." Approach, which was developed and adopted as the standard framework of actions in addressing and managing the risks brought about by the COVID19 pandemic to our internal organization.</p> <p>SPMS/OPCR were monitored and regularly presented during MANCOM or EXECOM</p>



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		<p>Traceability as the organization is using SPMS for measuring the performance of employees and OPCR to measure the operational / target Performance that could be calibrated when needed. Also on typo error on Justification page 2 of 7 QM-R05 - 04.</p> <p><b>OFI 02, Stage 2</b>  <b>Criteria for Process Control</b>  The organization may consider to standardize the <b>criteria</b> and method needed to have a basis on what and how to control its processes.</p> <p><b>OFI 03, Stage 2</b>  <b>Control of Documented Information</b>  Auditee: Eden Lanuza  Position: Document Controller  During interview with the Document Controller, Controlled copy is being issued to Process Owner through e mail using pdf format but there is no evidence on control.</p> <p>According to 7.5.3.2 For the control of documented information, the organization shall address the following activities, as applicable:</p> <p>a) distribution, <b>access</b>, retrieval and use;</p> <p>Access can imply a decision regarding the permission to view the documented information only, or the permission and authority to view and change the documented information</p> <p><b>OFI 04, Stage 2</b>  <b>Customer Satisfaction Survey</b>  The organization may opt to reassess the rating for Post-Activity Customer Satisfaction Survey Community - Based Monitoring System (CBMS) Module 1. Based on existing Rating is Strongly Disagree to Strongly Agree.</p> <p>The organization may also consider to get the internal customer satisfaction of provincial offices to determine the appropriateness of services being provided.</p>	<p>The QPs are being revisited, as well as its Quality Objectives and QMEs</p> <p>The System Procedures for the Control of Maintained Internal Documented Information (SP-R05-01A) to effect the following changes on stamping:</p> <p>"Master Copy" - on the lower right corner of the document</p> <p>"Controlled Copy" - on the lower left corner of the document</p> <p>"Obsolete Copy" - at the center, across the document</p> <p>The Process Owner of CBMS revised the CSS and submitted the same on December 27, 2019.</p> <p>Asec. Ester Aldana issued Memoranda dated October 9 and 28, 2020, regarding the implementation of the Revised Unified Client Satisfaction Survey (CSS) Form. The Regional Document Controller was directed initiate the deletion of the Region's existing CSS Forms under the System Procedure on "External Client Satisfaction Survey" and use the revised forms/</p>



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			templates.
	<b>Other Matters</b>	<ul style="list-style-type: none"> <li>- Address the Non-Conformities and Opportunities for Improvements raised during the conduct of Internal Quality Audit</li> <li>- Preparation for the Surveillance Audit</li> </ul>	<ul style="list-style-type: none"> <li>- The RIQA followed through the actions taken by the Process Owners</li> <li>- Process Owners and all concerned were advised to scan all documents that may be subjected to (virtual) Audit by the external auditor</li> </ul>

Prepared By	Reviewed By	Approved By
 <b>MAUREEN E. MALAZARTE</b> Accountant	 <b>ATTY. ARNALDO E. ESCOBAR JR.,</b> <b>CESO V</b> Assistant Regional Director	 <b>ATTY. ANTHONY C. NUYDA,</b> <b>CESO III</b> Regional Director
<b>QMS Secretariat</b>	<b>Regional Quality Management Representative</b>	<b>Top Management</b>